Appendix E
Ad Hoc Committee on Recruitment and Retention of Health Professionals

A report given in response to the *1999-2004 Texas State Health Plan* goal:

Goal 3: Address the maldistribution of health professionals.

Objective 3.2: Increase access to care through the coordination of recruitment and retention activities

This chapter is excerpted from the ad hoc committee's report. Copies of the full report are available from the Center for Rural Health Initiatives.

Report to the Statewide Health Coordinating Council

December 2, 1999

Texas Statewide Health Coordinating Council
Ad Hoc Committee on Recruitment and Retention of Health Professionals
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Ad Hoc Committee on Recruitment and Retention of Health Professionals

INTRODUCTION

Charge to the Committee

In the 1999-2004 Texas State Health Plan the Statewide Health Coordinating Council (SHCC) established a goal to "address the maldistribution of health professionals" (Goal 3). Objective 3.2 for this goal was to "increase access to health care through the coordination of recruitment and retention activities." To achieve this objective the SHCC created an ad hoc committee to assess the effectiveness of current recruitment and retention efforts of health professionals in rural and underserved areas and recommend ways to improve coordination of those programs.

The SHCC further charged the committee to:

1. Identify practice issues and barriers to recruiting and retaining providers in underserved areas;
2. Evaluate the effectiveness of recruitment/retention efforts;
3. Determine strategies for improving access to primary care and ways to measure performance in this activity; and
4. Make recommendations for coordination of activities and/or modification to programs to increase access to medical care.

The ad hoc committee was formed and their findings to the above charge are presented in this report.

BACKGROUND

The availability of qualified health care practitioners and providers in rural areas of Texas directly affects access to health care services for rural citizens. There is no access to primary health care services without a consistent, reliable source for the

recruitment of those health care professionals. An equally critical and often overlooked component of the access equation is the necessity of retaining those professionals in the rural communities after recruitment. These are two different yet distinctly connected processes.

A number of barriers to both the recruitment and retention of health care professionals exist. They include:

* Professional isolation;
* On call status and lack of temporary relief services;
* Quality of life issues;
* Lack of career opportunities, for self and spouse;
* Difficulty accessing related healthcare services, e.g. pharmacies, specialists, therapies, behavioral health;
* Lack of access to the latest medical technology and telecommunications capabilities;
* Language and cultural barriers;
* Family unhappiness or dissatisfaction; and
* A general misperception of the realities of rural health care practice.

These issues must be addressed if recruitment and retention efforts are to be successful.

Recruitment

Recruitment strategies fall into any or all of three approaches.

- Practice-environment strategies
- Medical education strategies
- Applicant-pool strategies

Practice-environment strategies aim to influence the practice decisions of health care professionals after completion of training. They consist of a variety of measures that include: offering special financial incentives to practitioners for practicing in shortage areas; strengthening the physician recruitment and practice infrastructure in rural and/or underserved communities; and attempting to make practice in these communities more attractive.

These strategies have the quickest payoff because they are targeted toward health professionals who have already completed their education. Examples include scholarship and loan repayment programs, matching practitioners with available openings, subsidies for practice in rural areas such as incentive programs, telemedicine programs to establish health care connections, and *locum tenens* or temporary relief services.

Loan repayment programs for physicians administered by the Higher Education Coordinating Board and for physician assistants administered by the Center for Rural Health Initiatives provide financial incentives for professionals choosing rural practice. The Texas Department of Health operates a web-based Clearinghouse for Health Professionals providing assistance to both practitioners and those recruiting. The Center for Rural Health Initiatives is developing the Texas PRAIRIE DOC program, which is a comprehensive recruitment approach, involving communities and other partners and participants.

Medical education strategies aim to promote graduates' interest in practicing in rural and/or underserved communities by providing them with experience in caring for underserved populations during their training. The rationale for these programs is that health professional's decisions about where to locate their practice may be influenced by their training experience. These strategies complement practice-environment strategies because they give students and resident's practical experience with underserved communities and provide faculty role models who can inspire or reinforce their commitment to practice in rural and/or underserved communities.

Examples of these strategies would include the preceptorship and rural rotation programs administered by the Texas Higher Education Coordinating Board. The Statewide Family Practice Preceptorship Program actively promotes exposure of medical students to family medicine and includes off-campus experiences. The University of North Texas Health Science Center at Fort Worth and Texas Tech Health Science Center actively rotate medical students and residents in rural communities. The new 1-2 Residency Program developed by the Texas Tech Health Science Center involves a full two-year experience in a rural setting. Non-physician practitioners such as physician assistants and nurse practitioners are also receiving exposure to rural health practice in their academic training programs.

Applicant-pool strategies provide interventions to identify, prepare, and recruit individuals who may be predisposed to care for rural and/or underserved populations because of personal characteristics, such as being a member of an ethnic or racial minority group, or having been reared in a rural area. The best indicator of a health care professional's future choice to practice or work in a rural area is the fact of prior residency in a rural area by the individual or spouse of the individual. These programs include:

* Academic enhancement – strengthening scholarship especially in math and science;
* Motivational and career counseling;
* Mentoring – providing guidance from peers, senior students, and faculty;
* Research apprenticeships;
* Building partnerships between academic health centers and K-16 schools; and
* Admissions preparation such as focused preparation for the Medical College Admissions Test, application procedures, etc.

There are a number of innovative programs in academic institutions and programs in the state designed to recruit and retain rural students in health professions education programs. Representative programs include efforts by the Texas Department of Health's Office of Border Health, Texas A&M University System's Partnership for Primary Care, and the Medical School Familiarization Program through the University of Texas Medical Branch at Galveston.

Finally, a significant contributor to the exposure of students and residents to rural practice is the community level support services provided by the Area Health Education Centers (AHECs). These efforts are currently more organized in East and South Texas. The AHEC's have a comprehensive health workforce development program that includes recruiting, identifying clinical training sites, continuing professional education, and community planning for workforce development and recruitment.

There are a number of programs and services being developed and/or implemented across Texas, but these continue to lack a single, comprehensive, collaborative approach to the recruitment process (See end of this chapter for Table E-1).

Retention

The area of retention has been almost totally neglected and only now is it beginning to be understood for the long-term value it holds for ongoing access to care in rural communities. Retention often only becomes an issue after a practitioner has made the decision to leave a community or has actually left. At that point, it is obviously too late for that practitioner Recruitment efforts without appropriate retention focus can relegate communities to a revolving door of practitioners and recruitment efforts. The lack of any comprehensive retention awareness and/or training for the leaders and citizens of rural communities leaves those rural citizens to fend for themselves in the retention arena, often when other communities and recruiters are actively recruiting their practitioners. The Texas PRAIRIE DOC Program has developed the structure and the beginnings for a community-based retention service that will train community leaders, health care professionals and consumers in early and ongoing techniques to focus on retention efforts at that community level.

Retention is significantly affected by the reimbursement rates for services provided to patients by practitioners. The financial viability of a practice and the resultant financial quality of life for the practitioner and his or her family is a constant variable. Rates for reimbursement are based upon decisions made generally outside the realm of influence of the practitioner, particularly in the Medicare and Medicaid programs. Managed care programs offer the practitioner some opportunity to negotiate for reimbursement rates, although this can be a negative process if the managed care company wants to focus on patient services in more highly populated or density areas. When managed care selectively contracts with providers to a point where patients must leave a community to obtain approved provider services, the health care delivery infrastructure in the patient's community, including the practitioner's practice, is threatened.

The federal designation process for underserved designations affects the ongoing availability of resources and/or financial incentives to rural practitioners. This can have a direct effect on the viability of rural practices and the decision to maintain those practices.

The use of modern telecommunications technology offers the potential for innovative approaches to retention strategies, particularly when coupled with clinical resources available through academic health science centers, medical schools, tertiary care

centers and regional health care facilities. The availability of such services is greatly influenced by state and federal policies regarding access to such services by providers. A significant barrier exists in that only non-profit providers have access to state and federal telecommunications grant programs while the most prevalent type of primary health care providers in rural communities are physician practices, which are technically for-profit, and thus ineligible for these grants.

Finally, the role of long term retention of health care practitioners in the economic health and infrastructure of a rural community is beginning to be understood and addressed.

AD HOC COMMITTEE RECOMMENDATIONS

Recruitment

Primary Recommendations:

Recommendation One: Selection of medical and other health professional students specifically from rural and underserved areas. This should include physicians (MDs, DOs), Physician Assistants, Nurse Practitioners, and certified nurse midwives. Adoption or adaptation of a successful model already field-tested would be advantageous. There would have to be specifically outlined requirements that such students would have to fulfill a rural practice obligation upon completion of training, although studies suggest a significantly higher proportion voluntarily choose such a setting because of their personal background.

Recommendation Two: Development of statewide coordinated recruitment and retention efforts in a collaborative partnership of state agencies, medical schools, professional associations, AHECs, and others, coordinated by the State Office of Rural Health - the Center for Rural Health Initiatives, utilizing the Texas PRAIRIE DOC Program.

Recommendation Three: Development of a state-specific set of criteria to make a Health Professional Shortage Area (HPSA) determination should be pursued. Such a set of criteria should take into consideration unique geographic, demographic, health status, socio-economic, and other factors. A site-specific eligibility set of criteria is a possible approach already being discussed. The development of such a criteria should be done by the Center for Rural Health

Initiatives as the State Office of Rural Health in coordination with the Texas Department of Health's Primary Care Provider Resources Program.

Recommendation Four: Support development of telecommunication, tele-education and telemedicine and the reduction of financial barriers to the financial sustainability of this infrastructure, e.g. costs for hardware, line charges for transmission of data signals. The use of tele-education to students in rural community schools could assist in both developing their career interest but also reinforce their decision to return to the rural community to practice or work. A related area that must be addressed is the availability of this technology to the single most pervasive provider of rural health care services, the physician practice or rural health clinic that is technically classified as 'for profit.' A precedent exists in that these providers already accept public monies through the reimbursement by government for Medicare and Medicaid services provided to patients.

Secondary Recommendations:

- Recognize and promote health care at the community level as a significant community development and economic development generator and partner. Assessment of economic indicators and interventions should include health care as a prime need.
- Track post-residency or program completion by practice/work site selection and annual follow-up for up to 5 years. Data collection should be coordinated and reported to the State Legislature.
- Expand health professions recruitment programs to include non-physician practitioners, e.g. physician assistants and nurse practitioners because these non-physician practitioners sometimes have a better record of moving to and staying in rural areas.
- Implement additional mentorship programs and financial support for those programs. The preceptorship program mentioned in the report is under-funded and not inclusive of the broad definition of primary care providers. Of the 760 rural rotations last year, only 88 did rural rotations because the program is full, has a waiting list, and is under funded.
- Provide employment opportunities for the spouses and partners of health care professionals being recruited requires innovative and multi-faceted approaches, including recognition of the issues and involvement by the

Texas Workforce Commission with communities in the recruitment process.

- Appropriate state funds to leverage National Health Service Corps (NHSC) programs for other health professionals, specifically including physician assistants and nurse practitioners. State match for NHSC placement programs of these health professionals should be instituted, through the Higher Education Coordinating Board.
- Develop and implement a "Top Doc" recognition program to honor those community physicians who tirelessly provide rural community site training and supervision for medical students and residents. This could be modeled after the new program at the University of Texas Medical Branch in Galveston.
- Develop a seamless system approach to developing interest in health care professions at the grade school level and high school level (e.g. health professions 'summer camps' as found in some areas of the state, e.g. East Texas and South Texas AHECs), medical students and residents 'adopt' rural community schools for role modeling with school students, and partnerships between health professionals training programs and local rural schools in order to provide resources for health career interest in the schools and develop relationships for those students to foster their movement into health professions careers.
- Link health professions training programs with rural communities offers the opportunity for each to learn from the other and provide an opportunity for communities to input their needs (short term and long term) into training programs.
- Recognize that the availability of trained, qualified ancillary health care professionals is a critical component to both recruitment and retention of primary care providers. Coordination between training programs for the broadest range of health care professions could assist in working to maintain adequate supply, e.g. Registered Nurses.

Retention

Primary Recommendations:

Recommendation One: Develop of a comprehensive, community-based retention program based upon the premise of training local citizens to know how to retain their practitioners will result in localized retention, utilizing the Center for Rural Health Initiative's Texas PRAIRIE DOC Program as a foundation.

Recommendation Two: Develop of an inter-state agency work group to develop and implement an agenda to facilitate health professional retention awareness and interventions, including Center for Rural Health Initiatives, Texas Department of Health, Texas Department of Economic Development, Texas Department of Agriculture, and others.

Recommendation Three: Develop medical school and academic health science center services that would provide ongoing peer consultation, training, and communication for health care professionals in rural areas. Such services could include mini-fellowships, locum tenens services, telemedicine, and community faculty involvement.

Recommendation Four: Explore the feasibility of a physician relief service for rural physicians. A study of this issue is currently being undertaken by the Center for Rural Health Initiatives at the direction of the 76th Legislature.

Secondary Recommendations:

Recommendation One: Develop retention training efforts for community leaders and health care providers along with development of retention resources, templates, manuals, etc. Utilization of existing models should be explored, such as community-based health promoters, community "encourager," and involvement of family of the provider in retention efforts.

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Table E-1. Current Programs and Services

Provided By	Programs/ Services	Specifics of Services Provided	Impacted/ Awarded	Rural	HPSA	Under-served
Center for Rural Health Initiatives	Texas PRAIRIE DOC Program	Comprehensive recruitment and retention program with emphasis on community-based efforts, including Job Opportunity Registry, Locum Tenens Job Opportunity Registry, HealthFind, Primary Care Resident Practice Evaluation Training, Primary Care Provider Practice Site Evaluation Checklist, and other services	New program	X		
Center for Rural Health Initiatives	Outstanding Rural Scholar Recognition Program	Loan forgiveness, 50% of loan from community and 50% state match; assists communities to "grow their own." Student provides year of health care in their sponsoring community for each year a loan is received.		X		
Center for Rural Health Initiatives	Medically Underserved Community - State Matching Incentive Program	Matching grant of up to $25,000 to a community to assist in setting up a new primary care practice site in the community.	FY 1999 7 awards	X		
Center for Rural Health initiatives	Texas Health Services Corp.	Stipend to residents enrolled in an accredited family practice, general internal medicine, general pediatrics, or general obstetrics/gynecology residency program who contracts to provide services in a medically undeserved area for at least one year for each year that stipend was received.	FY 98 2 awards	X	X	X
Center for Rural Health initiatives	Locum Tenens: Clearinghouse	Parallel list of practices/communities looking for locum tenens coverage and of physicians willing to work in locum tenens agreements.	List averages 2 communities and 4 providers.	X		
Center for Rural Health initiatives	Visiting Physician (locum tenens) study	Legislatively mandated study to determine feasibility of a rural locum tenens program; study to include medical schools (AHSC), professional physician associations, and rural physicians	New program	X		
Center for Rural Health initiatives	HealthFind	Annual forum for communities to market themselves to residents and physicians; also includes Pas and NPs	1997 & 1998; 62 communities 119 physicians, 64 mid-level practitioners	X		
Center for Rural Health initiatives	Community Scholarship Program	Provides scholarships in rural Health Professional Shortage Areas to fund the health professional education of 3rd and 4th year medical students, physician assistants, and nurse practitioners that commit to practice in the sponsoring community.		X	X	
Center for Rural Health initiatives	Physician Assistant Loan Reimbursement Program	Loan reimbursement up to $5,000 for Physician Assistants who have worked in rural area for at least 12 months; maximum of 18 awards per year.	FY 98 - 17 awards	X	X	X

Provided By	Programs/ Services	Specifics of Services Provided	Impacted/ Awarded	Rural	HPSA	Under-served
Department of Health and Human Services (federal)	Nursing Education Loan Repayment Program	Eligible registered or advanced practice nurses (nurse practitioners, nurse midwives, nurse anesthetists). Payment of 60% of principal and interest of qualifying nursing loans for a 2 year commitment of fulltime clinical services in a public hospital, community health center, rural health clinic, or public or nonprofit health facility determined to have a critical shortage of nurses.				
National Library of Medicine, Houston	National Network/Library of Medicine Outreach & Training Services	Outreach for training, Grateful Med software and demonstration, document delivery through Lonesome Doc, Internet connectivity training				
Texas Department of Health	Clearinghouse for Health Professions	Clearinghouse for physicians, physician assistants, and nurse practitioners seeking collaborative practice opportunities; information kept active for four months.	7 health professionals currently on list (August 1999)			
Texas Department of Health Community Health Provider Resources provides info; waivers administered through USDA	J-1 Visa Waiver Program	Foreign physicians may remain in the United States after completion of their training under a J-1 visa. The waiver permits the non-immigrant to remain and convert the temporary visa into an occupational visa. Sites must be in a rural, whole county HPSA or MUS; providers must practice primary care at the site for a three period.	1998: 39 J-1 Visa Waivers	X	X	X
Texas Department of Health through a cooperative agreement with Health Services Resources Administration. (federal)	National Health Services Corp	Scholarship and Loan forgiveness for primary care providers (physicians, physician assistants, nurse practitioners, certified nurse midwives, dentists, dental hygienists, and mental health professionals). Sites must be located in a Health Professional Shortage Area. Providers are obligated for a two year period, renewable by one year increments after the first two year period. Up to $25,000 per year for up to five years, plus 39% of the award amount for tax liability.	1998: 62 awards		X	
Texas Higher Education Coordinating Board	Professional Nurses' Student Loan Repayment Program	Eligible licensed nurse who has practiced in Texas for at least one year in a position which requires the services of a licensed professional nurse; priorities based on criteria including geographical area of nursing practice, practicing in a area with an acute nursing shortage, and others, maximum of $2000 annual repayment.	16 awards per year; $32,000			

Provided By	Programs/ Services	Specifics of Services Provided	Impacted/ Awarded	Rural	HPSA	Under-served
Texas Higher Education Coordinating Board	Physician Education Loan Repayment Program for Residents & Faculty of Tx. Family Practice Residency Training Program	Loan repayment for undergraduate, graduate, or medical education, cannot be a loan from relatives or physician's insurance company or pension plan; have unrestricted license to practice in Texas, be second or third year Family Practice resident in an approved Residency Training Program or be a fulltime faculty member in a Texas Family Practice Residency Program, or be a fulltime faculty member who completed a Texas Family Practice Training Program on or after 7/1/95; show strong commitment to practice medicine in a Texas HPSA or rural community.	38 awards for 1999	X	X	
Texas Higher Education Coordinating Board	Physician Loan Education Repayment Program	Loan repayment for undergraduate, graduate, or medical education, must be licensed to practice in Texas, no disciplinary action, have completed one year of medical practice in an economically depressed or rural medically undeserved area; maximum total repayment is $18,000 (half state, half federal), maximum of five years (see below for more details)	FY 1999 113 awards	X	X	
Texas Higher Education Coordinating Board	Statewide Medical Student Preceptorship Program	$500 stipend to medical student who completes a 4 week preceptorship in primary care (Family Medicine, General Pediatrics, General Internal Medicine)	Approx. 600 students/year			
Texas Higher Education Coordinating Board, Medical School Primary Care Depts.	Primary Care Residency Programs	Reimbursement to departments for one-month rotation time a resident spends in an approved off-campus site; Family Medicine site must be in a rural area, with population under 30,000	FY 1999: 205	X		
Texas State Board of Medical Examiners	Rural Physician Registry	Working collaboratively with the Center for Rural Health Initiatives' Texas Prairie DOC program through respective medical specialty societies.	New program	X		
Texas State Board of Medical Examiners	Texas Physician Placement Service	Community profile (of community seeking a physician) matched with physician (seeking practice opportunity) profiles; profiles then sent to opposite parties for contacting				
AHEC, Tech-Prep	Pre-Medical Rural Training	Exposure to various aspects of the medical fields through classes, camps, on-site visits, for high school students.	Difficult to quantify, each AHEC unique.			

Provided By	Programs/ Services	Specifics of Services Provided	Impacted/ Awarded	Rural	HPSA	Under-served
Office of Primary Care Education, UTMB	Generalist Physician Initiative (Robert Wood Johnson Foundation)	Administers program for promoting substantial increase in number of resident and medical student graduates who can choose primary care careers with emphasis on placing at least 15% of these individuals in rural and undeserved communities; required of all UTMB medical students. CCE - all 1st and 2nd year medical students spend 1/2 day per month in community primary care practice. Multidisciplinary Ambulatory Clerkship requires 12-week community-based rotation in primary care during third year of medical school.				
Primary Care Departments	Resident Rural Rotations	Off-campus, community-based clinic experience; stipend provided by the Texas higher Education Coordinating Board	FY 1999: 205	X		
Telecommunications Infrastructure Fund	Telecommunications/Telemedicine	Electronic link to medical school campus physicians; features e-mail connections to departments, and access to medical library CD ROMS.	Approx. 4,301 sites served in one year.			
Texas Prairie DOC Program	Physician Availability Subscription Service	Subscribers receive monthly lists of physicians/residents seeking medical practice opportunities in Texas (fee based)	71 subscribers currently (Aug. 1999)	X		
Texas Prairie DOC Program, TMA Seminars, Professional Association continuing education materials	Practice Management Assessment & Assistance	Technical assistance for practice operations, personnel management, finances, legal, contracting, managed care, billing/coding, etc.	Partially available since Feb. 1999	X		
Center for Rural Health Initiatives; Texas Prairie DOC Program	Effective Matching of Physician & Community	Training for community/practice leaders on realistic evaluation of potential of recruitable physicians and how to 'match' physician, spouse, family with community and its cultural, financial, educational, professional, social, religious and other components of daily life.	Available since Feb. 1999; 2 communities to date.	X		
Center for Rural Health Initiatives; Texas Prairie DOC Program	Community Recruiter Program	Empowering and training a local resident to be responsible to work with and coordinate community efforts to recruit and retain a physician, to target community resources for the financial survival of the practice.	New program for CRHI.	X		
Center for Rural Health Initiatives; Texas Prairie DOC Program	Provider Spouse & Family Recruitment and Retention	Training of community personnel on importance of and techniques for working with the spouse/partner and family of the physician for recruitment and then ongoing involvement for retention.	Previously available outside the CRHI, available through CRHI since Feb. 1999	X		

Provided By	Programs/ Services	Specifics of Services Provided	Impacted/ Awarded	Rural	HPSA	Under-served
Center for Rural Health Initiatives; Texas Prairie DOC Program	Recruitment & Retention Training	Intensive, on-site training in effective recruitment and retention techniques for communities; also regional training workshops for community personnel; ongoing support through other services. Example: Specific assistance and material for organizing a Recruitment Committee effectively and maintaining it.	Available since Feb. 1999; 2 communities.	X		
Center for Rural Health Initiatives; Texas Prairie DOC Program	Community "Encourager" Health Promotion Program (promotion of use of local health services)	Utilization of a community resident to develop strategies and coordinate the development of local health promotion and utilization for increased community self-reliance on and retention of its health care services.	New ogram pr	X		
Center for Rural Health Initiatives; Texas Prairie DOC, AHEC	Rural Site Visit Program	Community - sponsored opportunities for physician/spouse/family to assess the community and practice as well as for community to assess physician, for purposes of an effective match.	Available since Feb. 1999, current still evolving.	X		
Center for Rural Health Initiatives; Texas Prairie DOC Program and R.W. Johnson Foundation?s East Texas Rural	Community Health Services Development	Organizing local health care professionals and community individuals to determine their own realistic health care needs and developing strategies for supporting a health care delivery system that responds to those needs. Example: needs assessment checklist and formula under development.	New ogram pr.	X		